

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043779

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District

FILE

149  
NOV 21 1963

Primary Registration District No. 1002

Registrar's No.

5853

## 1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
KANSAS CITY

Length of stay in lb  
3 WEEKS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY PETTIS

c. CITY OR TOWN SEDALIA

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1003 So. OHIO STREET

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
EUGENE DU BOSE BLAKENEY JR.

4. DATE OF DEATH  
OCTOBER 29 1963

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

## 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/21/1906

## 9. AGE (last birthday)

56

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CIVIL ENGINEER

## 10b. KIND OF BUSINESS OR INDUSTRY

U.S. GOVERNMENT

## 11. BIRTHPLACE (City and state or country)

KERSHAW COUNTY S.C.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

EUGENE DU BOSE BLAKENEY SR.

## 13b. MOTHER'S MAIDEN NAME

ROSA PEARCE

## 14. NAME OF HUSBAND OR WIFE

MRS. FRANCES BLAKENEY

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

9 MRS. FRANCES BLAKENEY 1003 SOUTH OHIO STREET SEDALIA MISSOURI

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Thrombosis - Abdominal Aorta

## INTERVAL BETWEEN ONSET AND DEATH

30 HRS.

### DUE TO (b)

Arteriosclerosis, obliterative, diffuse

7 Mos.

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

## 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 7-10-63 to 10-29-63 and last saw her alive on 10-29-63.  
Death occurred at 2:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

4320 W. 11th St. H.C. 11, Mo.

## 22c. DATE SIGNED

10/29/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

OCT. 30, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

QUAKER CEMETERY

## 23d. LOCATION (City, town, or county)

CAMDEN SOUTH CAROLINA

## 24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS

## ADDRESS

1331 BRUSH CREEK KANSAS CITY, MO.

## 25. DATE RECD. BY LOCAL REG.

10-29-63

## 26. REGISTRAR'S SIGNATURE

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF L. Byers MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

1

20898

3

4 0

5 1

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7 1

8 1

94500

10

11

12 66-0

13

117210-000

St. Philip's Lutheran  
Date # 262 = Middle C Play - 1349 - 4320 Howell  
12:00 - 4:30

NOV 26 1983

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Orling M. Tungs

Licensed Embalmer No. 3566

P. O. Address Harvard City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.